

they will be followed by or develop epilepsy later. Satisfactory reports regarding 107 children was obtained. The time elapsed has varied from two to twenty years. In order to study these cases they were divided into four classes: (1) Those having convulsions associated with spasmophilia; (2) those cases in which the convulsions occurred in the course of whooping-cough; (3) those in which there was a single convulsion or a series of convulsions at the onset of some acute disease or with an attack of acute indigestion; (4) those in which there had been repeated convulsions during a considerable period or in which there had been repeated attacks suggesting petit mal. The results of this study were most unsatisfactory and very few conclusions could be drawn from it. Convulsions, which are manifestations of spasmophilia, are not likely to eventuate in epilepsy. Convulsions which occur in the course of whooping-cough must always be regarded as serious, as they are likely to be followed by epilepsy later. Single convulsions or a series of convulsions occurring at the onset of an acute disease or with an attack of acute indigestion are less likely to be followed by epilepsy than are repeated attacks during a considerable period or repeated attacks suggesting petit mal. Repeated attacks which would be classified as petit mal, or which suggest it, are just as likely to become epilepsy as repeated attacks of general convulsions. Nothing can be told from the nature of the early attacks as to the nature of the attacks when the epilepsy develops. When an injury to the head has directly preceded the onset of the attacks or there is no apparent cause for the attacks, epilepsy is more probable than when there is an apparent cause, such as indigestion, for each attack. The presence of an apparent cause for the attack does not, however, exclude epilepsy. The longer the attacks have persisted the more probable is the diagnosis of epilepsy. General impressions, which cannot be explained, have a certain value in diagnosis. Finally, and most positively, there is no way to determine immediately when a baby or a child has a convulsion, or has had repeated convulsions, or repeated attacks suggesting petit mal, whether it has epilepsy or whether it will develop it later.

---

**A Study of the Lactose, Fat and Protein Content of Women's Milk.**—DENIS and TALBOT (*Am. Jour. Dis. Children*, August, 1919) give the results of their investigations of the composition of human milk under different conditions. They point out the fact that, while the limits and variations in the fat and protein content of human milk are well established, a great deal of uncertainty exists as to the amount of lactose present. This is due to the fact that while reliable and simple methods for the determination of fat and protein have been in use for many years, the technic for sugar determination is still complicated. Recently newer methods have been promulgated for the determination of lactose. In addition there has been introduced another simpler method of fat and protein determination so that it is possible now to determine accurately the quantity of fat, protein or lactose from small samples of milk. It was found that there is a rapid increase of lactose during the first few days when colostrum changes into milk, and a further increase as lactation progresses. The reverse is true of protein which after the first rapid decrease during the change from colostrum to milk tends to further decrease during the course of lactation. After

the colostrum period there does not seem to be any relation between the stage of lactation and the amount of fat in the milk. There is usually a higher percentage of lactose at the beginning of a single nursing than at the end. Although this difference may be one or more per cent., it is usually higher at the end of nursing than at the beginning. There is very little, if any, difference in the protein. The milks taken simultaneously from both breasts of the same woman tend to have the same composition, but often vary in respect to the percentage of fat. Toward the middle of the afternoon or later the volume of milk in a woman tends to diminish. The percentage of fat is as a rule higher at mid-day or mid-afternoon than at other times of the day.

---

## OBSTETRICS

---

UNDER THE CHARGE OF

EDWARD P. DAVIS, A.M., M.D.,

PROFESSOR OF OBSTETRICS IN THE JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

---

**The Puerperal Period Complicated by Sloughing Fibroid.**—KOSMAK (*Am. Jour. Obst.*, March, 1919) records the case of a primipara admitted to the hospital at term with a history of bleeding for a few days. On examination the cervix was soft and boggy, with two fingers' dilatation, the membranes intact and vertex presentation of the fetus without engagement. A low implantation of the placenta was made, but there was little bleeding and the general condition was good. Labor progressed very slowly and the dilating bag was introduced and spontaneous delivery occurred. There was moderate hemorrhage during the third stage. Lacerations were repaired. After the birth of the child the patient was irrational and very restless for several days, and a tumor the size of a fibroid head could be outlined on the anterior wall of the uterus. There was considerable shock, and stimulation was needed for several days. A tear in the perineum sloughed without an attempt at union. Involution was very imperfect and the lower abdomen was tender. The lochial discharge was foul, but drainage seemed to be good. On the ninth day postpartum blood examination showed marked anemia, with hemoglobin 38 per cent. On the thirteenth day the patient complained of severe pain in the left lumbar region. Three days later she suddenly showed signs of a general peritonitis. The lower portion of the abdomen, with the tumor, was exceedingly tender. The symptoms pointed to a sloughing fibroid, with possible perforation. On internal examination the cervix was partially closed; there was no bulging behind the uterus and a very slight serous discharge. There was severe abdominal pain and great restlessness. The condition was so bad that it was thought advisable to wait until the following day, hoping that stimulants would bring about improvement. When section was done, seropurulent fluid escaped from the peritoneal cavity. The omentum was adherent to the top of the uterus, which contained the tumor. Perforation had occurred at a number of points through which purulent matter was exuded. The condition in the abdomen was that of diffuse